



United States Department of State

Washington, D.C. 20520

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April 28, 2022

MEMO FOR KENNETH H. MERTEN, U.S. CHARGÉ D' AFFAIRS TO HAITI

FROM: S/GAC – William S. Paul, S/GAC Chair
S/GAC – Tiana Jaramillo, PEPFAR Program Manager

THROUGH: S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

SUBJECT: PEPFAR Haiti Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Haiti Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Haiti, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2022 in alignment with the directives from the COP 2022 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR Haiti COP 2022 with a total approved budget of \$105,641,232, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY2023 Implementation
TOTAL	104,868,893	2,151,107	107,020,000
Bilateral	104,068,893	2,151,107	106,220,000
Central	800,000		800,000

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$105,641,232 without additional written approval. Any prior year funds that are not included within this COP 2022 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2023 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total COP 2022 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2023– must be submitted to and approved by S/GAC, and documented in FACTSInfo NextGen via the Operational Plan Update process.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2022 programming and priorities as outlined below and in the appendix. All ARPA ESF funds from COP21 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in COP22/FY2023 on top of the approved COP22 envelope.

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Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders and partners during the March 21-23, 2022 virtual planning meetings and participants in the virtual approval meeting; the final COP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents. All ARPA ESF funds from COP21 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in COP22/FY2023 on top of the approved COP22 envelope.

Program Summary

In a complex social and economic context, characterized by increased security concerns, declining economic conditions exacerbated by the COVID-19 pandemic and natural disasters along with fuel shortages that continue to disrupt the availability, access, and use of social, health, and other services, increased social unrest, and government inability to guarantee basic social protection, funding and targets for Haiti's COP 2022 are approved to support PEPFAR Haiti's vision to "Surge, Attain, and Sustain" in the same 20 highest burdened geographic areas, focused on underserved men and women, including adults (15-39 years), children (0-14 years), key populations, among other vulnerable groups. PEPFAR Haiti will continue working towards epidemic control across all ages and sexes. The goal is to maintain countrywide 134,019 people living with HIV (PLHIV) on life-saving treatment by the end of FY 2023 and to enroll 5,272 new clients, while ensuring viral load suppression in 114,347 clients in FY 2023. All of this will be coupled with the focused expansion of people-centered community service delivery models.

The PEPFAR Haiti FY 2023 programming strategy will continue to focus on preventing new HIV acquisitions, increasing case finding, improving linkage to treatment, and delivering uninterrupted, optimized antiretroviral treatment (ART) to all patients. The PEPFAR team will be addressing performance challenges noted in FY 2022 beginning immediately through targeted surges in return-to-care activities for clients with treatment interruptions, as well as closing gaps in viral load testing and viral load suppression. As Haiti is approaching epidemic control, efforts to attain and sustain HIV epidemic control will reflect a particular focus on equity and populations left behind, as well as a tailored high-quality, respectful patient experience through 1) integrated services to support ongoing continuity of treatment, viral load coverage and suppression; 2) availability, access, and utilization of HIV prevention and TB/HIV screening, diagnostic integration, prevention, and treatment; and, 3) building enduring and resilient laboratory, strategic information, supply chain, leadership, and governance capabilities.

Key interventions include but are not limited to: a) targeted case finding; b) delivering an Easy Start package for new ART patients that addresses stigma and discrimination; c) 6-month multi-month dispensing at facility and community settings, via optimization and expansion of community ART/drug dispensation points (DDPs) and peer-led community ART groups; d) tailored and person-centered differentiated service delivery for all eligible ART clients, particularly people who interrupted treatment, including people who relocate or travel within or beyond Haiti's borders; e) enhanced 'Welcome Back' Return-to-Care Surge campaigns to promote continuous treatment, focused on compassionate, streamlined care that addresses reasons for

interruptions in treatment; f) complete roll-out of pediatric dolutegravir; g) optimized viral load sample collection, including dried blood spots for children and adults, and improved dissemination of viral load results at community DDPs; h) increased viral load and exposed-infant diagnosis coverage through a dedicated network of 15 GeneXpert machines; i) enhanced Orphans and Vulnerable Children (OVC) program linkage to the vertical HIV transmission cascade, strengthening activities to further reach epidemic control among vulnerable adolescent pregnant and breastfeeding women (PBFW), children and adolescents living with HIV (C/ALHIV), and other exposed or at-risk children and adolescents; j) optimized “Determine, Resilient, Empowered, AIDS-free, Mentored, and Safe” (DREAMS) program for adolescent girls and young women (AGYW) and best practices from the Faith and Community Initiative (FCI) to increase prevention, testing, linkage, ART initiation, and treatment continuity, as well as ensure access to viral load monitoring; k) Pre-Exposure Prophylaxis (PrEP) expansion to all at-risk clients in all 10 departments and all PEPFAR-supported sites providing antenatal care; l) continuous quality improvement, via the HealthQual methodology mandated at all sites and community-led monitoring; and, m) reduction of stigma and discrimination practices that impact negatively the access and utilization of HIV services.

During COP 2022, PEPFAR Haiti will continue to work closely with the MSPP, the National HIV/AIDS Program (PNLS), multilateral organizations, and civil society to implement a supportive policy environment for HIV services. Community-led monitoring will continue to be supported, aiming to mature into a vital source of information supporting improvement and adaptation of services for people living with HIV.

In COP 2022, PEPFAR Haiti will start the implementation of differentiated PrEP services, tailored for high-risk populations such as PBFW, AGWY, and key populations. PEPFAR Haiti will also introduce recency testing as a surveillance tool to detect patterns in recent and long-term infections in those who are diagnosed and help guide the HIV response. A partnership between PEPFAR and Global Fund (GF) will support the implementation of 30 new DDPs. For COP 2022, PEPFAR and GF have agreed to a coordinated plan for procurement of commodities to prevent commodity gaps and service interruptions. These efforts will be coupled with a public-private partnership designed to build and support a simplified and expanded person-centered supply chain system. In addition to the support that GF already provides for condom and lubricant needs for key populations and youth, PEPFAR will procure \$800,000 worth of condoms and lubricants in the context of integrated HIV prevention and family planning.

In COP 2022, PEPFAR Haiti will support MSPP in evaluating and monitoring the legal environment related to HIV and developing standard operating procedures and guidance, in collaboration with the CSO Observatory and the Federation of PLHIV association, to protect the rights of PLHIV, and to address human rights issues in the context of health services delivery. PEPFAR Haiti will maintain investment in above-site activities identified as critical to address key system barriers, strengthen, and fill the country system gaps impacting the capacity and quality of services. PEPFAR-Haiti will continue to support the “Telephone Bleu” a hotline that people can call for general information about HIV or specific information about treatment. PEPFAR-Haiti will ensure that supported sites provide their ART clients with a phone number to call for assistance if they have questions about their treatment, need an unexpected refill of medication, or need to modify their next appointment. Furthermore, the PEPFAR Haiti team will collaborate as needed

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with the PEPFAR DR team to assess and close the gaps along the HIV continuum of care for individuals needing support for ART, aiming for seamless, continuous, client-centered services for those that seek HIV care and treatment after crossing the international border.

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Funding Summary

All COP 2022 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in PEPFAR systems.

	of which, Bilateral									
	New Funding					Applied Pipeline				
	Total	Total	Total	FY 2022	FY 2021	FY 2020	GHP-State	GHP-State	GHP-State	Applied Pipeline
TOTAL	106,220,000	104,068,893	104,068,893	103,081,393	-	-	987,500	-	-	2,151,107
HHS Total	53,436,353	52,533,209	52,533,209	51,545,709	-	-	987,500	-	-	903,144
HHS/CDC	53,436,353	52,533,209	52,533,209	51,545,709	-	-	987,500	-	-	903,144
STATE Total	539,000	120,000	120,000	120,000	-	-	-	-	-	419,000
State	51,428	51,428	51,428	51,428	-	-	-	-	-	-
State/WHO	487,572	68,572	68,572	68,572	-	-	-	-	-	419,000
USAID Total	52,244,647	51,415,684	51,415,684	51,415,684	-	-	-	-	-	828,963
USAID, non-WCF	28,263,280	27,434,317	27,434,317	27,434,317	-	-	-	-	-	828,963
USAID/WCF	23,981,367	23,981,367	23,981,367	23,981,367	-	-	-	-	-	-

* Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

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of which, Central									
		New Funding							
		FY 2022		FY 2021		FY 2020		Applied Pipeline	
Total		Total	Total	GHP-State	GHP-USAID	GAP	GHP-State	GHP-State	
TOTAL	800,000	800,000	800,000	-	800,000	-	-	-	-
HHS Total	-	-	-	-	-	-	-	-	-
HHS/CDC	-	-	-	-	-	-	-	-	-
STATE Total	-	-	-	-	-	-	-	-	-
State	-	-	-	-	-	-	-	-	-
State/WHA	-	-	-	-	-	-	-	-	-
USAID Total	800,000	800,000	800,000	-	800,000	-	-	-	-
USAID, non-WCF	-	-	-	-	-	-	-	-	-
USAID/WCF	800,000	800,000	800,000	-	800,000	-	-	-	-

* Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

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GHP-State Funds: Upon the clearance of a FY 2022 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2022 total budget level and documented within COP 2022 partner budgets are not to be executed or outlaid without written approval from S/GAC.

Earmarks: Haiti has planned for programming for FY 2022, FY 2021, and/or FY 2020 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to Haiti. Upon approval of this memo, the amounts below will become the new earmark controls for the Haiti/Agency. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	68,624,886	68,624,886	-	-
Orphans and Vulnerable Children	10,361,266	10,361,266	-	-
Preventing and Responding to Gender-based Violence	2,198,700	2,198,700	-	-
Water	813,000	813,000	-	-

* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

** Only GHP-State will count towards the GBV and Water earmarks

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AB/Y Earmark	COP22 Funding Level				
	TOTAL	FY 2022	FY 2021	FY 2020	Applied Pipeline
TOTAL Sexual Prevention Programming	3,753,981	3,753,981	-	-	-
Of which, AB/Y	2,444,533	2,444,533	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	65.1%	65.1%	N/A	N/A	N/A

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

AB/Y Earmark Budget Justification

Total %AB/Y \geq 50%: AB/Y Requirement Met.

Initiatives by Agency

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
TOTAL	104,068,893	2,151,107	800,000	-	107,020,000
of which, Community-Led Monitoring	-	350,000	-	-	350,000
of which, Condoms (GHP-USAID Central Funding) (Central)	-	-	800,000	-	800,000
of which, Core Program	94,280,489	1,172,144	-	-	95,452,633
of which, DREAMS	3,182,004	628,963	-	-	3,810,967
of which, OVC (Non-DREAMS)	6,606,400	-	-	-	6,606,400
HHS Total	52,533,209	903,144	-	-	53,436,353
of which, Core Program	47,969,628	903,144	-	-	48,872,772
of which, DREAMS	1,790,812	-	-	-	1,790,812
of which, OVC (Non-DREAMS)	2,772,769	-	-	-	2,772,769
STATE Total	120,000	419,000	-	-	539,000
of which, Core Program	120,000	269,000	-	-	389,000
of which, DREAMS	-	150,000	-	-	150,000
USAID Total	51,415,684	828,963	800,000	-	53,044,647
of which, Community-Led Monitoring	-	350,000	-	-	350,000
of which, Condoms (GHP-USAID Central Funding) (Central)	-	-	800,000	-	800,000
of which, Core Program	46,190,861	-	-	-	46,190,861
of which, DREAMS	1,391,192	478,963	-	-	1,870,155
of which, OVC (Non-DREAMS)	3,833,631	-	-	-	3,833,631

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FY 2023 Target Summary

COP 2022 funds are approved to achieve the following results in FY 2023.

	Haiti	SNU Prioritizations			Total
		Scale-up: Saturation	Scale-up: Aggressive	Sustained	
TX_NEW	<15	134	122	168	424
	15+	2,075	571	2,202	4,848
	Total	2,209	693	2,370	5,272
TX_CURR	<15	3,295	503	1,415	5,213
	15+	88,106	17,531	23,169	128,806
	Total	91,401	18,034	24,584	134,019
TX_PVLS	<15	2,832	457	1,244	4,533
	15+	75,445	14,444	19,925	109,814
	Total	78,277	14,901	21,169	114,347
HTS_SELF	<15	337	15	47	399
	15+	35,150	2,568	5,492	43,210
	Total	35,487	2,583	5,539	43,609
HTS_TST	<15	1,126	1,952	2,330	5,408
	15+	190,182	43,140	94,139	327,461
	Total	191,308	45,092	96,469	332,869
HTS_TST_POS	<15	62	100	130	292
	15+	2,091	576	2,206	4,873
	Total	2,153	676	2,336	5,165
HTS_RECENT	Total	991	462	61	1,514
	<15	95	519	183	797
	15+	4,420	1,362	4,881	10,663
HTS_INDEX	Total	4,515	1,881	5,064	11,460
	<15	-	-	-	-
	15+	89,428	20,278	41,173	150,879
PMTCT_STAT	Total	89,428	20,278	41,173	150,879
	<15	-	-	-	-
	15+	2,412	492	846	3,750
PMTCT_STAT_POS	Total	2,412	492	846	3,750
	<15	-	-	-	-
	15+	2,412	491	846	3,749
PMTCT_ART	Total	2,412	491	846	3,749
	<15	-	-	-	-
	15+	2,495	512	879	3,886
PMTCT_EID	Total	2,495	512	879	3,886
	<15	218	26	90	334
	15+	5,366	1,026	2,302	8,694
TB_STAT	Total	5,584	1,052	2,392	9,028
	<15	32	1	7	40
	15+	938	314	485	1,737
TB_ART	Total	970	315	492	1,777
	<15	1,386	234	717	2,337
	15+	17,406	7,325	7,012	31,743
TB_PREV	Total	18,792	7,559	7,729	34,080
	<15	3,296	507	1,422	5,225
	15+	86,097	17,605	23,102	126,804
TX_TB	Total	89,393	18,112	24,524	132,029
	KP_PREV	62,346	5,960	7,980	76,286
	PrEP_NEW	6,449	1,154	2,485	10,088

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		SNU Prioritizations			
		Scale-up: Saturation	Scale-up: Aggressive	Sustained	Total
PrEP_CT	Total	2,628	571	1,331	4,530
	<15	68	-	-	68
PP_PREV	15+	44,812	5,554	3,452	53,818
	Total	44,880	5,554	3,452	53,886
OVC_SERV	<18	72,733	13,474	17,602	103,809
	18+	15,558	2,991	4,284	22,833
OVC_HIVSTAT	Total	88,291	16,465	21,886	126,642
	Total	70,928	13,160	17,511	101,599
GEND_GBV	Total	1,689	163	183	2,035
AGYW PREV	Total	22,775	4,243	-	27,018

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

Partner Management and Stakeholder Engagement:

Agreements made during COP 2022 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and outlays to date, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be initiated. These elements (i.e., review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in the implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention, it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

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Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2022 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Haiti's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

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COP21-COP22 Budget Shifts by Funding Agency and Program Area

COP 21 Budget by Funding Agency and Program Area															
Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total
Total	111,944,217	100%	7,549,668	7%	60,830,974	54%	3,642,926	3%	20,555,926	18%	7,882,955	7%	11,481,768	10%	0%
HHS	56,840,770	51%	4,979,845	9%	29,646,563	52%	1,640,932	3%	10,713,617	19%	3,077,240	5%	6,782,573	12%	0%
STATE	766,121	1%	-	0%	-	0%	-	0%	628,893	82%	-	0%	137,228	18%	0%
USAID	54,337,326	49%	2,569,823	5%	31,184,411	57%	2,001,994	4%	9,213,416	17%	4,805,715	9%	4,561,967	8%	0%

COP 22 Budget by Funding Agency and Program Area

Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified as % of Total
Total	107,020,000	100%	7,625,454	7%	57,334,983	54%	3,546,454	3%	19,308,956	18%	8,301,271	8%	10,902,882	10%	0%
HHS	53,436,353	50%	5,370,024	10%	27,526,513	52%	1,640,932	3%	10,432,611	20%	2,332,307	4%	6,133,966	11%	0%
STATE	539,000	1%	-	0%	68,572	13%	-	0%	320,428	59%	-	0%	150,000	28%	0%
USAID	53,044,647	50%	2,255,430	4%	29,739,898	56%	1,905,522	4%	8,555,917	16%	5,968,964	11%	4,618,916	9%	0%

COP 21-22 Budget Shifts by Funding Agency and Program Area

Funding Agency	Total Change	Change in ASP	% Change in ASP	Change in C&T	% Change in C&T	Change in HTS	% Change in HTS	Change in PM	% Change in PM	Change in PREV	% Change in PREV	Change in SE	% Change in SE	Change in Not Specified	% Change in Not Specified
Total	(4,924,217)	75,786	1%	(3,495,391)	-6%	(96,472)	-3%	(1,246,970)	-6%	418,316	5%	(578,886)	-5%	-	-
HHS	(3,404,417)	390,179	8%	(2,120,050)	-7%	-	0%	(281,006)	-3%	(744,933)	-24%	(648,607)	-10%	-	-
STATE	(227,121)	-	-	68,572	-	-	-	(308,465)	-49%	-	-	12,772	9%	-	-
USAID	(1,292,679)	(314,393)	-12%	(1,444,513)	-5%	(96,472)	-5%	(657,499)	-7%	1,163,249	24%	56,949	1%	-	-